Approved For Release 2009/07/16: CIA-RDP87-00868R000100060065-9

OMAHA NERRASKA

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December 28, 1960

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Vice President Government Employees Health Association P. O. Box 463 Washington 4, D. C.

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This will confirm our telephone conversation concerning the allocation of flat rate charges by hospitals and major medical reimbursement of medical services in psychiatric cases.

In view of the many types of flat rate charges, plus the additional complications of varying types of confinement, we feel that each case should be evaluated on its own merits rather than to impose a fixed formula to be applied to all cases. However, as a guide for use in evaluating these cases, we submit the attached allocation to room and board and hospital miscellaneous areas.

It was agreed that in the case of treatment involving nervous or mental disorders, where the physician's charge is \$5 or less, the 50-call limit would not be applied. However, no more than 100 calls during a calendar year would be permitted and the 50% reduction will be applicable, regardless of the amount charged.

Sincerely,

G. D. Edson

Claim hana jor Group Div.

CDG:FMH Inc.

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ALLOCATION OF FLAT RATE: HOSPITAL CHARGES

DISTRIBUTION

	LENGER OF STAY		ROOM & L BOARD	HOSPITAL MISCELLANEOUS
A to Staye	(Surgical) (Non-surgical)		25." ·	
3 th _a 5 days	(Surgical) (Non-surgical)		40	60: *
5 to 15 days	(Surgical) (Non-surgical)		50 65	
45 t o 30 day:	Major aufgery) (Non-surg, or mi	nor sure A	, 99; 5 70; 75 ;	.50 35 30
30 or mere de	vs (Aurgical er n	on-surgical) 🤲	8 6	50

The second formula may be used as a guide in allocating flat rate hospital charges to room a board and miscellaneous the hospital deviates from a level rate or makes additional the hospital deviates from a level rate or makes additional cases it may be equitable to divide the sum of all charges by the length of stay in order to arrive at a level rate which can be distributed according to the formula: the distribution is offered only as a guide. Because of many making flatmental, types of hospitals and methods of on its own merits.